

Outpatient Physical Therapy or Speech Pathology Providers Questions & Answers

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General

Q1. Are state surveyors required to survey all rehabilitation extension locations?

A1. State Operations Manual section 2302 requires each rehabilitation agency extension site to be surveyed. However, when a rehab agency has multiple extension sites, State survey agencies lack the funding to survey all of them. Nevertheless, the expectation is that extension locations will meet Medicare Conditions of Participation, the same as the primary site. All proposed extension locations must be approved by the State survey agency and Medicare regional office prior to becoming operational. The SA should survey as many extension locations as it deems necessary to adequately determine the rehabilitation agency's overall compliance with the OPT/OSP CoPs.

Q2. What conditions and standards need to be surveyed when an OPT provides services at an extension location?

A2. The extension location must meet all applicable CoPs. The SA surveys each condition and standard in the OPT/OSP CoPs at each extension location with the following exceptions:

- 42 CFR 485.709(a) (Standard: Governing body) is based upon the evaluation of the total agency that has responsibility for the primary location as well as all extension locations. However, if there are concerns with the day-to-day operations of the extension location, assess the effectiveness of the governing body.

- Condition 485.717 (Rehabilitation Program) is applicable only to a rehabilitation agency's own patients.
- Condition 485.715 (Speech Pathology) is applicable only when speech pathology is rendered.
- Condition 485.713 (Physical Therapy Services) is applicable only when physical therapy is rendered. Refer to Section 2302 – Survey of OPT/OSP extension locations.

Q3. Is there a limit on the number of extension locations an OPT may have?

A3. There is no limit on the number of extension locations. However, the OPT must demonstrate its ability to manage and supervise the extension locations.

Q4. Is there any guidance regarding the maximum distance an OPT extension location can be from the parent location?

A4. At this time criteria have not been established regarding maximum distance or driving time an extension location can be from its parent site. If there is a question about an extension location, efforts should be directed toward determining whether the approved site is able to successfully supervise the proposed extension location.

Q5. If an extension location is transferred between two existing OPT providers, does this constitute a change of ownership?

A5. No. The provider agreements remain with their respective owners at the “primary” OPT site. SOM 3224 provides guidance regarding survey of existing extension locations.

Q6. Must all required services per 42 CFR 485.717 be available at all extension locations of a rehabilitation agency?

A6. No. The extension location may provide any combination of OT/PT/SLP services as long as those same services are provided at the primary site. A social worker is not expected to be at the extension location as long as the social worker has reviewed written documentation on all OPT patients receiving therapy services at that location and can make determinations regarding the need for social services.

Q7. If an extension site offers, for example, whirlpool services, must the primary site also be able to provide them?

A7. No. Whirlpool is a therapy modality, a therapeutic intervention provided by a therapy service. The OPT is not required to offer the same modalities at the primary site as those offered at the extension site. However, the OPT is required to offer the same services (PT, SLP, OT) at the primary site as those offered at the extension sites.

Q8. Can a rehabilitation agency provide acupuncture or Pilates services?

A8. No. There is no statutory or regulatory basis for Medicare payments to acupuncturists or Pilates instructors. Also, acupuncture and Pilates are *not* covered services under the PT benefit and therefore are not part of the rehabilitation program. Nowhere in statute or regulations are acupuncturists or Pilates instructors defined.

Q9. Are OPT/OSPs required to have established operating hours?

A9. No. There is no statutory or regulatory basis for requiring that a rehabilitation agency have established operating hours. However, it must have the capability to furnish the required services.

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§485.707 Condition of Participation: Compliance with Federal, State, and Local Laws

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§485.709 Condition of Participation: Administrative Management

Q1. To what extent can administrators be “shared”: must an administrator of an OPT be a full-time equivalent only at the parent site, or can the position be shared among several sites (primary and several locations)?

A1. The OPT in its entirety is considered a single entity, even if it has several extension locations. Therefore, there is only one full-time administrator position. The OPT should have policies/procedures in place explaining the responsibilities of the administrator and the administrative oversight of all the locations. When the administrator is absent, there must be a competent individual to substitute for the administrator.

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§485.711 Condition of Participation: Plan of Care and Physician Involvement

Q1. If an OPT has an extension location in an assisted living complex, can the therapist from the OPT and an employee from the assisted living complex fulfill the requirement that two people be on-site while treatment is being provided?

- A1.** The regulation states “two persons are on duty...whenever a patient is being treated.” In order to be on duty at the OPT, both persons would have to be employees of the OPT. So no, the assisted living facility employee would not be counted as fulfilling this requirement.
- Q2.** If a facility is small and has a limited number of staff, is the requirement “at least two persons are on duty on the premises of the organization whenever a patient is being treated” mandatory?
- A2.** No matter how small the OPT is, there *must* be two people on duty whenever a patient is being treated.
- Q3.** Is there any addition guidance regarding physician on-call availability for emergency care?
- A3.** Yes. Please refer to [S&C letter 06-23](#) dated 7/27/06.

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§485.713 Condition of Participation: Physical Therapy Services

- Q1.** Can an individual who is certified in anatomy/physiology work without direct supervision (such as athletic trainers or kinesiologists)?
- A1.** No. Only those personnel defined as qualified (in the *statute* and regulation) may provide therapy services without direct supervision. The statute does not define athletic trainers or kinesiologists.

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§485.715 Condition of Participation: Speech Pathology Services

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§485.717 Condition of Participation: Rehabilitation Program

- Q1.** Is the social worker expected to provide services to every OPT patient?
- A1.** No. However, the OPT regulations do require that each OPT patient *who needs* social or vocational services receive those services. The OPT must have a system in place to determine which patients do or do not need social or vocational services. A social worker is expected to have input in that process and is also expected to review written documentation on every OPT patient to determine the social needs of the patients. (Refer to Appendix E for further detail).

- Q2.** Must screens of patients be done in a timely manner? For example, can the social worker screen patients after discharge from the OPT?
- A2.** After discharge, a person is no longer a patient of the OPT, so services could not be provided after discharge. The OPT must provide evidence that these screenings are completed during the time of the provision of patient services.
- Q3.** Can an OPT continue to use an initial screening tool to assess social and vocational factors and then arrange for the “face-to-face” of agency qualified staff (psychologist, social worker, or vocational specialist) for those patients who need the social/vocational adjustment services?
- A3.** The medical records must clearly identify that the social worker reviewed the screening tool and documented in the chart any contact with the patient. For example, the social worker could review the screening tool and call the patient just to verify any questions and then document in the chart the phone conference with the patient and the results.
- Q4.** Can a therapist serve as a screener regarding the need for social or vocational adjustment services?
- A4.** Yes. The therapist may serve as the screener to the professionals who make the final decision concerning the need for the services.

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§485.719 Condition of Participation: Arrangements for Physical Therapy and Speech Pathology Services to be Performed by Other Than Salaried Rehabilitation Agency Personnel

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§485.721 Condition of Participation: Clinical Records

- Q1.** Is the OPT/OSP provider required to copy its complete medical record and maintain the medical file at both the extension and the primary location?
- A1.** The responsibility for the maintenance of patient records and policies and procedures is that of the OPT/OSP provider’s primary site. Patients’ records do not have to be maintained at the extension units.

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§485.723 Condition of Participation: Physical Environment

Q1. If a facility is small and has a limited number of staff, is the requirement “at least two persons are on duty on the premises of the organization whenever a patient is being treated” mandatory?

A1. No matter how small the OPT is, there *must* be two people on duty whenever a patient is being treated.

Q2. Are battery lights inserted into duplex outlets which automatically laminate when the AC power drops acceptable as emergency lighting?

A2. Yes. These lights are acceptable provided they illuminate the corridors used by patients and provided they are positioned to illuminate any exit sign that is not internally illuminated.

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